

**THIS MDR TRACKING NO. WAS WITHDRAWN.
THE AMENDED MDR TRACKING NO. IS: M5-04-2456-01**

MDR Tracking Number: M5-04-0903-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on June 24, 2003.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 06-24-03, therefore the following date(s) of service are not timely: 04-11-02 through 05-30-02.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the prescriptions filled from 07-22-02 through 05-08-03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 07-22-02 to 05-08-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd day of March 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DETERMINATION

AMENDED 4/28/04

MDR Tracking Number: M5-04-0903-01

IRO Certificate Number: 5259

March 18, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in family practice. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

AMENDED 4/28/04

CLINICAL HISTORY

___ fell at work on ___ and was diagnosed with multiple contusions. X-rays of his cervical spine and right clavicle were reportedly normal. He reached MMI on 10/14/96 with a 0% impairment rating and was

released to full duty with no restrictions. He attempted suicide on 11/8/96 and was diagnosed with various psychological problems since that time.

REQUESTED SERVICE(S)

Prescriptions filled from 7/22/02 through 5/8/03.

DECISION

Approved. Reverse prior denial.

RATIONALE/BASIS FOR DECISION

Although there are limited original clinical records regarding the injury on ____, two excellent reviews were submitted. Apparently the patient had a full and total recovery from his original injury by 10/14/96 and was released to full duty. His psychiatric diagnoses were diagnosed after his suicide attempt on 11/8/96 and treated with appropriate psychotropic medications.

The additional information submitted to ____ for review reveals that this patient's closed head injury and subsequent psychiatric diagnoses were directly attributable to his worker's compensation injury from _____. In lieu of this new information, the prior denial is reversed. The medications requested are reasonable and necessary to treat the result of his workers compensation injury and should be authorized.